

**FLAT FILE FORMAT
CMS1450 VERSION 5
UB92 Data Elements collected in CHARS**

Effective: October 1, 1993

Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
01	1	Record type '01'	XX	L	1	2		Required Value '01'
01	2	Submitter Tax ID Number)	9(10)	R	3	12		Required
01	3	Multiple Provider Billing File Indicator	9		13	13		
01	4	Filler (National Use)	X(17)	L	14	30		
01	5	Receiver Type Code	X		31	31		
01	6	Receiver Identification	9(5)	R	32	36		
01	7	Receiver Sub-Identification	X(4)	L	37	40		
01	8	Filler (National Use)	X(6)		41	46		
01	9	Submitter Name	X(21)	L	47	67		
01	10	Submitter Address	X(18)	L	68	85		
01	11	Submitter City	X(15)	L	86	100		
01	12	Submitter State	XX	L	101	102		
01	13	Submitter ZIP Code	X(9)	L	103	111		
01	14	Submitter FAX Number	9(10)	R	112	121		
01	15	Country Code	X(4)	L	122	125		
01	16	Submitter Telephone Number	9(10)	R	126	135		
01	17	File Sequence & Serial Number	X(7)	L	136	142		
01	18	Test/Production Indicator	X(4)	L	143	146		
01	19	<i>Date of Receipt (CCYYMMDD) (intermediary use only)</i>	9(8)	R	147	154		
01	20	<i>Processing Date (Date Bill Submitted on CMS 1450) (CCYYMMDD)</i>	9(8)	R	155	162		
01	21	<i>Filler (Local Use)</i>	X(27)		163	189		
01	22	Version Code	X(3)	L	190	192		Required Version 050

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10	1	Record type '10'	XX	L	1	2		Required Value '10'
10	2	Type of Batch	XXX	L	3	5		
10	3	Batch Number	99	R	6	7		
10	4	Submitter Tax ID Number	9(10)	R	8	17		
10	5	Submitter Tax Sub ID	X(4)	L	18	21		
10	6	National Provider Identifier	X(13)	L	22	34		Required CHARS validates first 6 characters
10	7	Medicaid Provider Number	X(13)	L	35	47		
10	8	TRICARE Insurer Provider Number	X(13)	L	48	60		
10	9	Other Insurer Provider Number	X(13)	L	61	73		
10	10	Other Insurer Provider Number	X(13)	L	74	86		
10	11	Provider Telephone Number	9(10)	R	87	96		
10	12	Provider Name	X(25)	L	97	121		
10	13	Provider Address	X(25)	L	122	146		
10	14	Provider Address City	X(14)	L	147	160		
10	15	Provider Address State	XX	L	161	162		
10	16	Provider Address ZIP Code	X(9)	L	163	171		
10	17	Provider FAX Number	9(10)	R	172	181		
10	18	Country Code	X(4)	L	182	185		
10	19	Filler (National Use)	X(4)		186	189		
10	20	Filler (State Use)	X(3)		190	192		

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
20	1	Record type '20'	XX	L	1	2		Required Value '20'
20	2	Filler (National Use)	XX		3	4		
20	3	Patient Control Number	X(20)	L	5	24	3	Required Assigned by hospital
20	4	Patient Last Name	X(20)	L	25	44	12	Required First two letters of last name
20	5	Patient First Name	X(9)	L	45	53	12	Required First two letters of first name
20	6	Patient Middle Initial	X		54	54		
20	7	Patient Sex	X		55	55	15	Required Value M-Male, F-Female
20	8	Patient Birthdate (CCYYMMDD)	9(8)	R	56	63	14	Required
20	9	Patient Marital Status	X		64	64		
20	10	Type of Admission	X		65	65	19	Required Values 1-Emergency 2-Urgent 3-Elective 4-Newborn
20	11	Source of Admission	X		66	66	20	Required Values 1-Physician Referral 2-Clinic Referral 3-HMO Referral 4-Tranfer from Hospital 5-Tranfer from SNF 6-Transfer from HCF 7-Emergency Room 8-Court/Law Enforcement FOR NEWBORN ONLY 1-Normal Delivery 2-Premature Delivery 3-Sick Baby 4-Extramural Birth
20	12	Patient Address - Line 1	X(18)	L	67	84		
20	13	Patient Address - Line 2	X(12)	L	85	96		
20	14	Patient Address City	X(15)	L	97	111		
20	15	Patient Address State	XX	L	112	113		
20	16	Patient Address ZIP Code	X(9)	L	114	122	13	Required
20	17	Admission/Start of Care Date (CCYYMMDD)	9(8)	R	123	130	17	Required
20	18	Admission Hour	XX	L	131	132		

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
20	19	Statement Covers Period From (CCYYMMDD)	9(8)	R	133	140	6	Required
20	20	Statement Covers Period Thru (CCYYMMDD)	9(8)	R	141	148	6	Required
20	21	Patient Status	99	R	149	150	22	Required Values: 01-Discharge to home or self care (routine discharge) 02-Discharged/ transferred to another short term general hospital for inpatient care 03-Discharged/ transferred to a Medicare certified skilled nursing facility (SNF) 04-Discharged/transferred to an intermediate care facility (ICF) 05-Discharged/ transferred to another type of institution for inpatient care or referred for outpatient services to another institution 06-Discharged/ transferred to home under care or organized home health service 07-Left against medical advice or discontinued care 08- Discharged/ transferred to home under care of a Home IV provider. 20-Expired 50 – Hospice-home 51-Hospice-Medical Facility 61-Discharged/transferred to Medicare approved swing bed 62-Discharged/transferred to another Rehab unit or facility 63-Discharged/transferred to another Long Term Care facility 64-Discharged/transferred to a Medicaid-certified but not Medicare-certified skilled nursing facility
20	22	Discharge Hour	XX	L	151	152		

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
20	23	Payments Received (Patient line)	9(8)V99S	R	153	162		
20	24	Estimated Amount Due(Patient line)	9(8)V99S	R	163	172		
20	25	Medical Record Number	X(17)	L	173	189		
20	26	Filler (National Use)	X(3)		190	192		

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Rec. #	Field #	Field Name	PIC	Field Justification	From Position	Thru Position	Form Locator	Remarks
21	1	Record type '21'						Not Required For CHARS
22	1	Record type '22'						Not Required For CHARS

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Rec. #	Field #	Field Name	PIC	Field Justification	From Position	Thru Position	Form Locator	Remarks
30	1	Record type '30'	XX	L	1	2		Required Record Value "30"
30	2	Sequence Number	99	R	3	4		Required SEE NOTE BELOW
30	3	Patient Control Number	X(20)	L	5	24	3	Required
30	4	Source of Payment Code	X		25	25	50	Required 'A' -Primary Payer 'B' -Secondary Payer
30	5-6	Payer Identification Number	X(9)	L	26	34	50	Required 001-Medicare 002-Medicaid 004-HMO 006-Commercial 008-L&I 009-Self Pay 610-Health Care Service Contractors 625-TRICARE, Indian Health 630-Charity Care
30	7	Certificate/SSN/HIC/ID Number	X(19)	L	35	53		
30	8a	Payer Identification Indicator	XX	L	54	55		
30	8b	Payer Name	X(23)	L	56	78		
30	9	Payer Code	X		79	79		
30	10	Insurance Group Number	X(17)	L	80	96		
30	11	Insured Group Name	X(14)	L	97	110		
30	12	Insured's Last Name	X(20)	L	111	130		
30	13	Insured's First Name	X(9)	L	131	139		
30	14	Insured's Middle Initial	X		140	140		
30	15	Insured's Sex	X		141	141		
30	16	Release of Information Certification Indicator	X		142	142		

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Rec. #	Field #	Field Name	PIC	Field Justification	From Position	Thru Position	Form Locator	Remarks
30	17	Assignment of Benefits Certification Indicator	X		143	143		
30	18	Patient's Relationship to Insured	99	R	144	145		
30	19	Employment Status Code	9		146	146		
30	20	Covered Days	9(3)	R	147	149		
30	21	Noncovered Days	9(4)	R	150	153		
30	22	Coinsurance Days	9(3)	R	154	156		
30	23	Lifetime Reserve Days	9(3)	R	157	159		
30	24	Provider Identification Number	X(13)	L	160	172		
30	25	Payments Received	9(8)V99S	R	173	182		
30	26	Estimated Amount Due	9(8)V99S	R	183	192		

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NOTE:

Sequence 01 = Primary Payer

Sequence 02 = Secondary Payer

Only sequence 01 and sequence 02 will be stored in CHARS

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Rec. #	Field #	Field Name	PIC	Field Justification	From Position	Thru Position	Form Locator	Remarks
31	1	Record type '31'						Not Required For CHARS
32	1	Record type '32'						Not Required For CHARS
34	1	Record type '34'						Not Required For CHARS

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
40	1	Record Type '40'	XX	L	1	2		Required Value '40'
40	2	Sequence Number	99	R	3	4		Required
40	3	Patient Control Number	X(20)	L	5	24	3	Required
40	4	Type of Bill	X(3)	L	25	27	4	Required Value '111', '121' or '181'
40	5	Treatment Authorization Code-A	X(18)	L	28	45		
40	6	Treatment Authorization Code-B	X(18)	L	46	63		
40	7	Treatment Authorization Code-C	X(18)	L	64	81		
40	8	Occurrence Code - 1	X(2)	L	82	83		
40	9	Occurrence Date – 1 (CCYYMMDD)	9(8)	R	84	91		
40	10	Occurrence Code - 2	X(2)	L	92	93		
40	11	Occurrence Date – 2 (CCYYMMDD)	9(8)	R	94	101		
40	12	Occurrence Code - 3	X(2)	L	102	103		
40	13	Occurrence Date – 3 (CCYYMMDD)	9(8)	R	104	111		
40	14	Occurrence Code - 4	X(2)	L	112	113		
40	15	Occurrence Date – 4 (CCYYMMDD)	9(8)	R	114	121		
40	16	Occurrence Code - 5	X(2)	L	122	123		
40	17	Occurrence Date – 5 (CCYYMMDD)	9(8)	R	124	131		
40	18	Occurrence Code - 6	X(2)	L	132	133		
40	19	Occurrence Date – 6 (CCYYMMDD)	9(8)	R	134	141		
40	20	Occurrence Code - 7	X(2)	L	142	143		
40	21	Occurrence Date – 7 (CCYYMMDD)	9(8)	R	144	151		
40	22	Occurrence Span Code - 1	X(2)	L	152	153		
40	23	Occurrence Span FROM DATE – 1 (CCYYMMDD)	9(8)	R	154	161		
40	24	Occurrence Span THRU DATE – 1 (CCYYMMDD)	9(8)	R	162	169		
40	25	Occurrence Span Code - 2	X(2)	L	170	171		
40	26	Occurrence Span FROM DATE – 2 (CCYYMMDD)	9(8)	R	172	179		
40	27	Occurrence Span THRU DATE – 2 (CCYYMMDD)	9(8)	R	180	187		
40	28	Filler (National Use)	X(5)		188	192		

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Rec. #	Field #	Field Name	PIC	Field Justification	From Position	Thru Position	Form Locator	Remarks
41	1	Record Type '41'						Not Required For CHARS

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Rec. #	Field #	Field Name	PIC	Field Justification	From Position	Thru Position	Form Locator	Remarks
50	1	Record type '50'	XX	L	1	2		Required , if applicable
50	2	Sequence Number	99	R	3	4		Required
50	3	Patient Control Number	X(20)	L	5	24	3	Required
50	4	Accommodations Revenue Code	9(4)	R	25	28	42	Required SEE NOTE BELOW
50	5	Accommodations Rate	9(7)V99	R	29	37		
50	6	Accommodations Days	9(4)	R	38	41	46	Required
50	7	Accommodations Total Charges	9(8)V99S	R	42	51	47	Required
50	8	Accommodations Noncovered Charges	9(8)V99S	R	52	61		
50	9	Form Locator 49	X(4)	L	62	65		
50	10	Filler (National Use)	X		66	66		
50	11	Accommodations - 2	X(42)		67	108	42-49	Required if applicable. See Fields 4,6,7
50	12	Accommodations - 3	X(42)		109	150	42-49	Required if applicable. See Fields 4,6,7
50	13	Accommodations - 4	X(42)		151	192	42-49	Required if applicable. See Fields 4,6,7

This Record is Required

NOTE:

Accommodation revenue codes will be entered in code number sequence. Up to four accommodation revenue codes will be billed on each record '50'. If more are needed, submit additional sequence numbers on a '50' record. The sequence numbers for record type '50' can go from 01 to 99, thus making provision for reporting up to 396 accommodation revenue codes.

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
60	1	Record type '60'	XX	L	1	2		Required, if applicable
60	2	Sequence Number	99	R	3	4		Required
60	3	Patient Control Number	X(20)	L	5	24	3	Required
60	4	Inpatient Ancillary Revenue Code	9(4)	R	25	28	42	Required SEE NOTE BELOW
60	5	HCPCS Procedure Code/HIPPS	X(5)	L	29	33		
60	6	Modifier 1 (HCPCS & CPT-4)	X(2)	L	34	35		
60	7	Modifier 2 (HCPCS & CPT-4)	X(2)	L	36	37		
60	8	Inpatient Ancillary Units of Service	9(7)	R	38	44	46	Required if applicable
60	9	Inpatient Ancillary Total Charges	9(8)V9 9S	R	45	54	47	Required, if applicable
60	10	Inpatient Ancillary Noncovered Charges	9(8)V9 9S	R	55	64		
60	11	Form Locator 49	X(4)	L	65	68		
60	12	Assessment Date (CCYYMMDD)	X(8)	L	69	76		
60	12a	Filler (National Use)	X(4)		77	80		
60	13	Inpatient Ancillaries - 2	X(56)		81	136	42-49	Required if applicable. See Fields 4,8,9.
60	14	Inpatient Ancillaries - 3	X(56)		137	192		Required if applicable. See Fields 4,8,9.

This Record is Required.

Up to three ancillary codes will be billed on each record '60'. If more are needed, submit additional sequence numbers on '60' records. Total charges of accommodation and ancillary charges may be listed as '001' on the ancillary charges record. To do this, add all charges and submit revenue code '001' as the last ancillary code in a '60' record, with '0' units of service. If your system does not include an '001' Total Charge, CHARS will calculate an '001' Total Charge by adding entries from the '90' record, fields 13 and 15. The sequence number for record type '60' can go from 01 to 99, thus making provision for reporting up to 297 inpatient ancillary revenue codes..

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61	1	Record type '61'						Not Required For CHARS

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
70	1	Record Type '70'	XX	L	1	2		
70	2	Sequence Number '01'	99	R	3	4		Required Value '01'
70	3	Patient Control Number	X(20)	L	5	24	3	Required
70	4	Principal Diagnosis Code	X(6)	L	25	30	67	Required , omit decimal
70	5	Other Diagnosis Code - 1	X(6)	L	31	36	68	Required if applicable, omit decimal
70	6	Other Diagnosis Code - 2	X(6)	L	37	42	69	Required if applicable, omit decimal
70	7	Other Diagnosis Code - 3	X(6)	L	43	48	70	Required if applicable, omit decimal
70	8	Other Diagnosis Code - 4	X(6)	L	49	54	71	Required if applicable, omit decimal
70	9	Other Diagnosis Code - 5	X(6)	L	55	60	72	Required if applicable, omit decimal
70	10	Other Diagnosis Code - 6	X(6)	L	61	66	73	Required if applicable, omit decimal
70	11	Other Diagnosis Code - 7	X(6)	L	67	72	74	Required if applicable, omit decimal
70	12	Other Diagnosis Code - 8	X(6)	L	73	78	75	Required if applicable, omit decimal
70	13	Principal Procedure Code	X(7)	L	79	85	80	Required if applicable, omit decimal
70	14	Principal Procedure Date (CCYYMMDD)	9(8)	R	86	93		
70	15	Other Procedure Code - 1	X(7)	L	94	100	81	Required if applicable, omit decimal
70	16	Other Procedure Date - 1 (CCYYMMDD)	9(8)	R	101	108		
70	17	Other Procedure Code - 2	X(7)	L	109	115	81	Required if applicable, omit decimal
70	18	Other Procedure Date - 2 (CCYYMMDD)	9(8)	R	116	123		
70	19	Other Procedure Code - 3	X(7)	L	124	130	81	Required if applicable, omit decimal
70	20	Other Procedure Date - 3 (CCYYMMDD)	9(8)	R	131	138		
70	21	Other Procedure Code - 4	X(7)	L	139	145	81	Required if applicable, omit decimal
70	22	Other Procedure Date - 4 (CCYYMMDD)	9(8)	R	146	153		
70	23	Other Procedure Code - 5	X(7)	L	154	160	81	Required if applicable, omit decimal
70	24	Other Procedure Date - 5 (CCYYMMDD)	9(8)	R	161	168		
70	25	Admitting Diagnosis Code	X(6)	L	169	174		
70	26	External Cause of Injury (E-Code)	X(6)	L	175	180	77	Required if applicable-omit decimal
70	27	Procedure Coding Method Used	9		181	181		
70	28	Filler (National Use)	X(11)		182	192		

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70	1	Record Type '70', Sequence '02'						Not Required For CHARS
71	1	Record Type '71'						Not Required For CHARS
72	1	Record Type '72'						Not Required For CHARS
73	1	Record Type '73'						Not Required For CHARS
74	1	Record Type '74'						Not Required For CHARS
75	1	Record Type '75'						Not Required For CHARS
76	1	Record Type '76'						Not Required For CHARS
77	1	Record Type '77'						Not Required For CHARS

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80	1	Record Type '80'	XX	L	1	2		Required Value '80'
80	2	Sequence	99	R	3	4		Required
80	3	Patient Control Number	X(20)	L	5	24	3	Required
80	4	Physician Number Qualifying Codes	X(2)	L	25	26		
80	5	Attending Physician Number	X(16)	L	27	42	82	Required -SEE NOTE BELOW
80	6	Operating Physician Number	X(16)	L	43	58	83	Required if applicable
80	7	Other Physician Number	X(16)	L	59	74		
80	8	Other Physician Number	X(16)	L	75	90		
80	9	Attending Physician Name	X(25)	L	91	115		
80	10	Operating Physician Name	X(25)	L	116	140		
80	11	Other Physician Name	X(25)	L	141	165		
80	12	Other Physician Name	X(25)	L	166	190		
80	13	Filler (National Use)	X(2)		191	192		

This Record is Required

NOTE:

The first attending physician number and first operating physician number will be stored in CHARS.

UPIN – OTH00 and RES00 are not accepted in CHARS

DSHS – physician numbers beginning with a '7' are not accepted in CHARS

DOH – precede physician number with specialty identifier (MD, DE, DO, etc.)

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81								Not Required for CHARS

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90	1	Record Type '90'	XX	L	1	2		Required Value '90'
90	2	Filler (National Use)	XX		3	4		
90	3	Patient Control Number	X(20)	L	5	24	3	Required
90	4	Physical Record Count (Excluding RT 90 + 91)	9(3)	R	25	27		
90	5	Record Type 2n Count	99	R	28	29		
90	6	Record Type 3n Count	99	R	30	31		
90	7	Record Type 4n Count	99	R	32	33		
90	8	Record Type 5n Count	99	R	34	35		
90	9	Record Type 6n Count	99	R	36	37		
90	10	Record Type 7n Count	99	R	38	39		
90	11	Record Type 8n Count	99	R	40	41		
90	12	Record Type 91 Qualifier	9		42	42		
90	13	Total Accommodation Charges Revenue Centers	9(8)V99S	R	43	52	47	Required
90	14	Noncovered Accommodation Charges - Revenue Centers	9(8)V99S	R	53	62		
90	15	Total Ancillary Charges Revenue Centers	9(8)V99S	R	63	72	47	Required
90	16	Noncovered Ancillary Charges - Revenue Centers	9(8)V99S	R	73	82		
90	17	Remarks	X(110)	L	83	192		

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91	1	Record Type '91'						Not Required For CHARS

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Rec. #	Field #	Field Name	PIC	Field Justification	From Position	Thru Position	Form Locator	Remarks
95	1	Record Type '95'	XX	L	1	2		Record Required value is '95'
95	2	Submitter Tax ID Number	9(10)	R	3	12	5	Required
95	3	Receiver Identification	9(5)	R	13	17		
95	4	Receiver Sub-Identification	X(4)	L	18	21		
95	5	Type of Batch	XXX	L	22	24		
95	6	Number of Claims	9(6)	R	25	30		Required
95	7	Number of 3M Batch Attachment Records	9(6)	R	31	36		
95	8	Accommodations Total Charges for the Batch	9(10)V99S	R	37	48		
95	9	Accommodations Noncovered Charges for the Batch	9(10)V99S	R	49	60		
95	10	Ancillary Total Charges for the Batch	9(10)V99S	R	61	72		
95	11	Ancillary Noncovered Charges for the Batch	9(10)V99S	R	73	84		
95	12	Total Charges for Batch (COB only)	9(10)V99S	R	85	96		
95	13	Total Noncovered Charges for the Batch (COB only)	9(10)V99S	R	97	108		
95	14	Reserve for Future Use	X(12)	L	109	120		
95	15	Filler (National Use)	X(18)		121	138		
95	16	Filler (Local Use)	X(54)		139	192		

This Record is Required

**FLAT FILE FORMAT
CMS1450 VERSION 5
UB92 Data Elements collected in CHARS**

Effective: October 1, 1993

Rec. #	Field #	Field Name	PIC	Field Justification	From Position	Thru Position	Form Locator	Remarks
99	1	Record Type '99'	XX	L	1	2		Required value is '99'
99	2	Submitter Tax ID Number	9(10)	R	3	12		Required
99	3	Receiver Identification	9(5)	R	13	17		
99	4	Receiver Sub-Identification	X(4)	L	18	21		
99	5	Number of Batches Billed this File	9999	R	22	25		Required
99	6	Accommodations Total Charges for the File	9(11)V99S	R	26	38		Required
99	7	Accommodations Noncovered Charges for the File	9(11)V99S	R	39	51		
99	8	Ancillary Total Charges for the File	9(11)V99S	R	52	64		Required
99	9	Ancillary Noncovered Charges for the File	9(11)V99S	R	65	77		
99	10	Total Charges for the File (COB only)	9(11)V99S	R	78	90		
99	11	Total Noncovered Charges for the File (COB only)	9(11)V99S	R	91	103		
99	12	Number of Claims for the File (COB only)	9(8)	R	104	111		
99	13	Number of Records for the File (COB only)	9(8)	R	112	119		
99	14	Filler (National Use)	X(16)		120	135		
99	15	Filler (Local Use)	X(57)		136	192		

**This Record is Required
Must be the last record on File.**